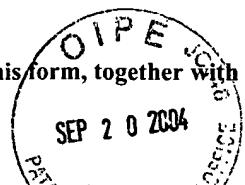


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000**

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7590 07/07/2004

ANN M. KNAB, ESQ.
53 NORTH PLAINS INDUSTRIAL ROAD
WALLINGFORD, CT 06492

09/21/2004 RMEBRAH1 00000027 500718 10053430

01 FC:2501 665.00 DA
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Suzanne McHugh

(Depositor's name)

Suzanne McHugh

(Signature)

September 16, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,430	10/22/2001	Martin L. Schulman	JPP-1210CIP2	7043

TITLE OF INVENTION: SOLID FREE-FORM FABRICATION METHODS FOR THE PRODUCTION OF DENTAL RESTORATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	10/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TENTONI, LEO B	1732	264-016000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Ann M. Knab</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Jeneric/Pentron Incorporated

Wallingford, CT 06492

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 500718 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

September 16, 2004

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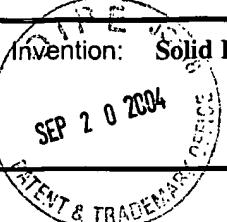
Applicant(s): Martin L. Schulman, Carlino Panzera

Docket No.

JPP-1210CIP2

Application No.
10/053,430Filing Date
10/22/2001Examiner
Leo B. TentoniCustomer No.
34214Group Art Unit
1732

Invention: Solid Free-Form Fabrication Methods for the Production of Dental Restorations



I hereby certify that this Part B-Fee(s) Transmittal Form (in duplicate); Postcard
(Identify type of correspondence)

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
September 16, 2004

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Suzanne McHugh*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*

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